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EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.

*Supplement to original 1980 notification

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MAINTENANCE FORM

RORA RECORDS CENTER

F/C LITY OLIVI HUNT SPECIALTY

ID. NO. RID 095 976548

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recured by an Conservation	United State	es Environmental Protection Ac	ency		PSYISION OF AND HAZA	RIDUS MATERIALS
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	a Simandualities	I B I I	7-101510		1100	3/10
A. First Notification	/ (complete item C	.)			0 0 /	1/m
II. Name of Installation (Inc	lude company and spec	HIC site name)	TPRO D	UCTS		
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sase print or type with ELITE type (12 characters per inch) in the unshaded areas only	ID - For Official Use Only	RECEIVED
		1001 2 9 1001
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to	instructions.)	JAN 28 1991
A. Hazardous Waste Activity	B. Used Oil Fuel Activities	R.L. DEPARTMENT OF ENVIRONMENTAL MANAGE
1 Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1 Air 2. Rail 3. Highway 3 Treater, Storer, Disposer (at Installabo Note A permit is required for this activity; see instructions. 4 Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5 Underground Injection Control	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Marketer c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	CYSION OF AIR AND HAZARDOUS MATERIA
4. Water 5. Other - specify		
IX. Description of Regulated Wastes (Use additional sheets if necessary)		
Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)	the characteristics of nonlisted hazardous	
1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity (D002) (D003) Characteristic (List specific EPA hazar	rdous waste number(s) for the Toxicity tensitic contaminant(s)) D 0 2 5 D 0 2 4	
B. Listed Hazardous Wastes. (See 40 CFR 261 31 - 33. See instructions if you need to list in	nore than 12 waste codes.)	
1	5. U 2 2 9 U 0 5 2 11 12	
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)		
1 2 R 0 0 1 R 0 0 3	5 6	
X. Certification		
I certify under penalty of law that I have personally examined and am familia and all attached documents, and that based on my inquiry of those incompliant information, I believe that the submitted information is true that there are significant penalties for submitting false information, it imprisonment.	accurate and complete, I am aware	
Signature Rame and Official Title (type or print) ALDERIC R. THERRIEN		
XI. Comments		
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	in the second of the second	
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Secti	on III of the booklet for addresses.)	

CONTINUE ON REVERS

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8 TURNE	R & NE	WELL					
B. TYPE OF (enter the approprie	OWNERSHIP ite letter into box)	VI. TYPE OF HAZ	ARDOUS WASTE				
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EPA Form 8700 12 (6-80)

IX. DESCRIPTION OF	HAZARDOUS WAS	TES (continued from	(ront)	The state of the s	CONTRACTOR OF THE PROPERTY OF
A. HAZARDOUS WASTES	FROM NON-SPECIE	C SOURCES Enter the	four digit number fee	- 40 CEE D - 201 21	
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23 : 26					
7	8	23 - 26	21 - 26	23 - 26	21 - 26
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specific industrial source	FROM SPECIFIC SOU	RCES. Enter the four-	digit number from 40 C	FR Part 261.32 for each	n listed hazardous waste fr
	- 7 our manacion name	es. Ose additional sheet	s il necessary.		
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hospitals, medical and res	earch laboratories your	installation handles. Us	e additional sheets if ne	ch usted hazardous was cessary.	te from hospitals, veterina
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CHARACTERISTICS OF hazardous wastes your ins	tallation handles. (See	40 CFR Parts 261, Mark	"X" in the boxes corre	esponding to the charact	eristics of non-listed
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1.B - FOR OFFICIAL USE ONLY

A. HAZARDOUS WASTES F	ROM NON-SPECIFIC	SOURCES. Enter the	four-digit number from	n 40 CFR Part 261,31 fo	r each listed hazardous
waste from non-specific so		handles. Use additiona	al sheets if necessary.	,	
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25 26	22 26		<u> </u>		
© COMMERCIAL CHEMICA stance your installation han	L PRODUCT HAZAR	DOUS WASTES Enter	the four-digit number	from 40 CFR Part 261	Life each chemics, air
31	32	33			
Data			3.4	35	
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D: LISTED INFECTIOUS WAS hospitals, medical and resea	STES. Enter the four	-digit number from 40 installation handles. Usi	CFR Part 261.34 for eac	ch listed hezardous wasti	from hospitals, veterinars
49	50	51	5.2	53	
E CHARACTERISTICS OF N	23 - 26	23 - 26	23 • 26	23 - 26	1,7 1 151
E. CHARACTERISTICS OF N hazardous wastes your insta	llation handles. (See	40 CFR Parts 261.21 -	261.24.)	sponding to the characte	ristics of non-listed
(D001)	then then	2. CORROSIVE	3. REAC		[4 TOXIC
X. CERTIFICATION		2.4/. (c) 1.5 (c)			
I certify under penalty of attached documents, and I believe that the submitt mitting false information,	that based on my ted information is	inquiry of those ind true, accurate, and c	ividuals immediately omplete. I am aware	responsible for obta	ming the information
SIGNATURE		NAME & OFF	ICIAL TITLE (type or)	orint)	DATESIGNED
EPA Form 8700-12 (6-80) RE	VERSE				

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IX. DES	CRIPTIO	N OF HA	ZARDOUS	WASTES (continued	from fro	ntl	建筑	R. S. W. S.				13 14
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specific	industrial	sources you	ır installation	handles. U	e additiona	I sheets if r	necessa	ary.			or edell lis	teo nazardous w	aste iron
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hazardou	us wastes y	our installa	tion handles.	(See 40 CF	R Parts 261	.21 - 261.	24.)	o DONGS	or respon	ding to the c	naracteris	ities of non-liste	ea
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CERTI	FICATIO	N M					Sec. As	NEW YORK					
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believe	that the	submitted	l informatio	n my inqui	accurate	se individ	uals i	mmedia	tolu ros	nameible fo	- abtains	ing the inform nt penalties fo	
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EPA Form 8700-12 (6-80) REVERSE



RID095976544

PHILIP A. HUNT CHEMICAL CORPORATION

ORGANIC CHEMICAL DIVISION

August 14, 1980

EPA-Region I Permits Branch P. O. Box 8748 Boston, MA 02114

Gentlemen:

We are contemplating whether or not to file the application for a permit to be a treatment facility. We believe that our facility comes under the definition of "totally enclosed treatment facility." According to the definition of "totally enclosed treatment facility" in 40 CFR 260.10, we may be excluded from the requirement to obtain a permit if we fall under the definition.

At our two Lincoln, Rhode Island plants, we are mixing waste solvents (e.g. xylene) with number six fuel oil and then using it as fuel to our boilers. We are also burning waste solvents neat. Chemically, the waste solvents consist of carbon, hydrogen, and oxygen, and after combustion there are no residues or hazardous waste remaining.

Please advise us as to what type of treatment facility we are. If we are not considered a totally enclosed treatment facility, what can we do to become one? If you have any questions, please call me.

Sincerely yours,

PHILIP A. HUNT CHEMICAL CORPORATION ORGANIC CHEMICAL DIVISION

Stephen Pozner

Safety/Environmental Engineer

. Stephen Popul

SP/mc

illigitus

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

August 18, 1980

Mr. Stephen Pozner
Safety/Environmental Engineer
Philip A. Hunt Chemical Corp.
Organic Chemical Divesonn
One Willington Road
Lincoon, RI 028655

Re: 8/14/80 inquiry

Dear Mr. Pozner:

If your waste solvents (xylene) possess sufficient BTU content to justify incinerating them for heat revovery, then, under Part 261.6, the actual incineration does not require a permit. However, they are subject to notification requirements and any storage mest be permitted. You should note that hhe 90 day accumulation period allowed for generators pertains only to subsequent offsite haipment. Onsite accumulation for any time period for subsequent onsite heat recovery does require a shorage permit.

Very truly yours,

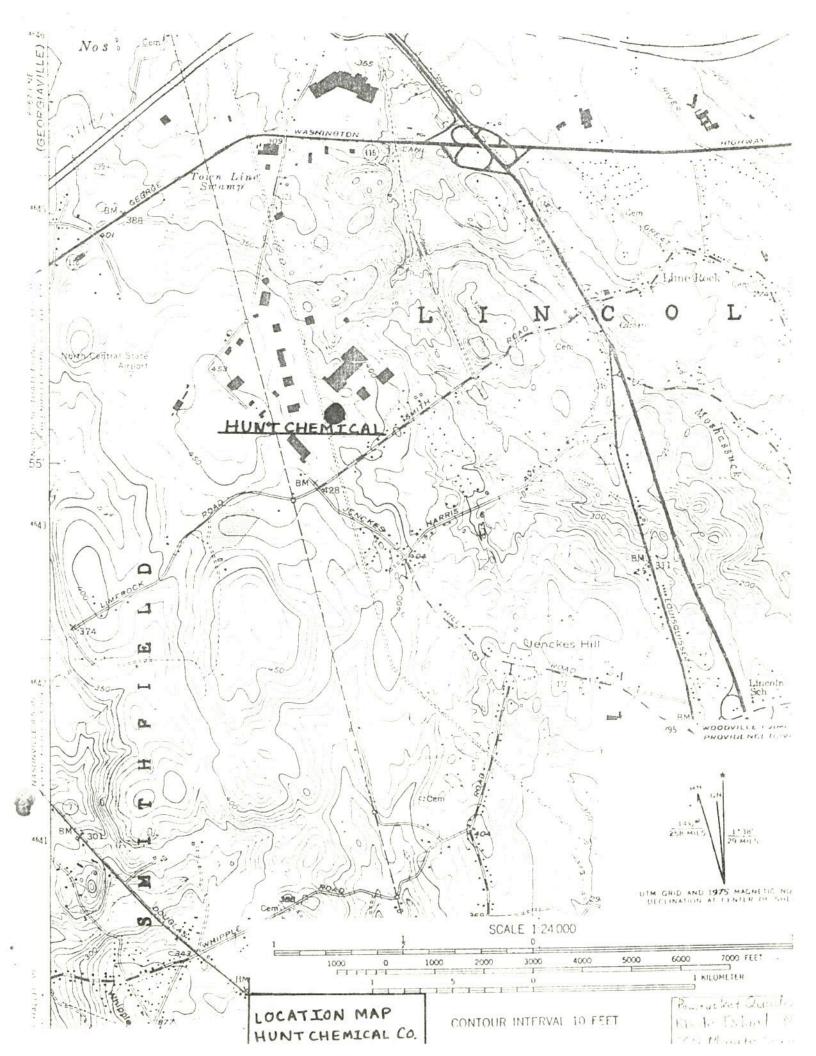
Richard A. Cawagnero Environmental Engineer

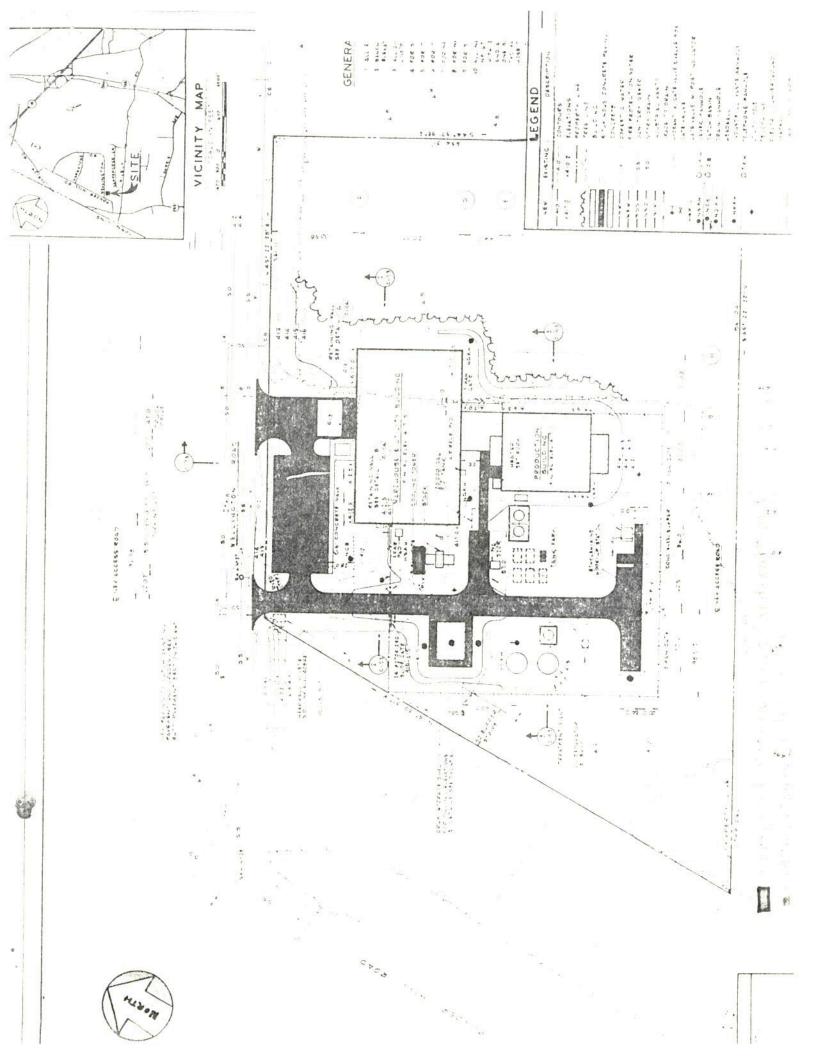
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II. POLLUTANT CHARACTERISTICS	ne wheth	er vo	u need to	submit any permit application forms to the EPA. If you and	wer "	yes"	to a
questions you must submit this form and the supplet	nental fo	rm li	sted in the	parenthesis following the question. Mark "X" in the box in ou need not submit any of these forms. You may answer "no	the th	ird c	olur
is excluded from permit requirements; see Section C of	the instr	uctio	ns. See also	p. Section D of the instructions for definitions of bold-face	term	S	
SPECIFIC QUESTIONS	YES	MAR	FORM ATTACHED	SPECIFIC QUESTIONS	YES	MAR	ATT
A. Is this facility a publicly owned treatment wo				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or			
which results in a discharge to waters of the U. (FORM 2A)		X		aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	19	X 20	-
C. Is this a facility which currently results in dischar		17	. 18	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to		X	Т
to waters of the U.S. other than those described A or B above? (FORM 2C)	22	X	24	waters of the U.S.? (FORM 2D) F. Do you or will you inject at this facility industrial or	25	26	-
E. Does or will this facility treat, store, or dispose hazardous wastes? (FORM 3)			V	municipal effluent below the lowermost stratum con- taining, within one quarter mile of the well bore,	1	X	
	X	29	X 30	underground sources of drinking water? (FORM 4)	31	32	-
G. Do you or will you inject at this facility any produ water or other fluids which are brought to the surf in connection with conventional oil or natural gas p	ace			H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch			
duction, inject fluids used for enhanced recovery oil or natural gas, or inject fluids for storage of liq	of	X		process, solution mining of minerals, in situ combus- tion of fossil fuel, or recovery of geothermal energy?		X	
hydrocarbons? (FORM 4) I. Is this facility a proposed stationary source which	3.4	35	36	(FORM 4) J. Is this facility a proposed stationary source which is	37	36	-
one of the 28 industrial categories listed in the structions and which will potentially emit 100 t	in-			NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons			
per year of any air pollutant regulated under Clean Air Act and may affect or be located in	the	X		per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment	1	X	
attainment area? (FORM 5)	40	A1	42	area? (FORM 5)	43	44	
CENTE		7 M	TCA	I. CORPORATION	- Andrews	Chiquettina	poncon
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A. NAME & TITLE (las	st, first, &	title		B. PHONE (area code & no.)			
2 M.A.T.T.E. R.O.B.E.R.T. C.H.I	EF	E	NGI	NEER 4,0,1 3,3,3 6,1,1	4		
V. FACILITY MAILING ADDRESS				45 46 - 41 49 - 51 57 3			
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3 1. W.E.L.L.I.N.G.T.O.NR.O.A	A.D.						
B. CITY OR TOWN				C.STATE D. ZIP CODE			
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VI. FACILITY LOCATION		200		40 41 42 47			
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B. COUNTY NAME				46			
PROVIDENCE		1					
C. CITY OR TOWN				D. STATE E. ZIP CODE F. COUNTY CODE			
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6 LINCOLN	_1_1_1			49 41 46 47 . 21 26 . 24	-	-	-

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VII. SIC CODES (4-digit, in order of priority)	
A. FIRST	B. SECOND
7 2 8 6 9 (specify)	7 2 8 6 9 (specify)
7 2 8 6 9 Photographic developers	Polymers Polymers
C. THIRD	D. FOURTH
7 2, 8, 6, 9 Couplers	c 1 1 (specify)
VIII. OPERATOR INFORMATION	
A. NAME	B. Is the name listed if Item VIII-A also the
8 PHILIP A HUNT CHEMICAL	CORPORATION OWNER? YES NO
c. STATUS OF OPERATOR (Enter the appropriate letter into the answ	ver box; if "Other", specify.) D. PHONE (area code & no.)
	specify)
E, STREET OR P,O, BOX	
l. W.E.L.L.I.N.G.T.O.N. R.O.A.D.	
F. CITY OR TOWN	G.STATE H. ZIP CODE IX. INDIAN LAND
BLINCOLN	R I 0 2 8 6 5
	52
15 16 .	40 41 42 47 - 31
X. EXISTING ENVIRONMENTAL PERMITS A. NPDES (Discharges to Surface Water) D. PSD (Air Emission	is from Proposed Sources)
<u> </u>	
9 N 9 P 30 15 16 17 18	. 36
B. UIC (Underground Injection of Fluids) E. OTH	ER (specify)
9 0 9 2 5 6	(specify) Boiler permit
15 16 17 14 - 30 15 16 17 18	- 10
C. RCRA (Hazardous Wastes) E. OTH	ER (specify)
9 R 9 2.55	Boiler permit
XI. MAP	
the outline of the facility, the location of each of its existing and	to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste lects fluids underground. Include all springs, rivers and other surface of the control of the
XII. NATURE OF BUSINESS (provide a brief description)	
We manufacture fine organic chemical Hunt plants, and we also sell direct	s used as intermediates at our other ly to private customers.
er en	
XIII. CERTIFICATION (see instructions)	
attachments and that, based on my inquiry of those persons im	am familiar with the information submitted in this application and all mediately responsible for obtaining the information contained in the implete. I am aware that there are significant penalties for submitting it.
A. NAME & OFFICIAL TITLE (type or print) B. SIGNA	TURE C DATE SIGNED
Sheldon L. Green, V. P., Mfg.	Minute of the second
COMMENTS FOR OFFICIAL USE ONLY	
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[C]	





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FO	R O	-	CIAL USE ONLY	a la															
		ATIO	ON DATE RECEIVED (yr., mo., & day)									cc	MMENTS						
11	FID	STO	OR REVISED APPL	ICATI	ON						从小盆	The state of the s				S 4.364			MARKET A
Plac	e an	"X"	in the appropriate box ation. If this is your fi mber in Item I above.	in A or	B below (mark														
A. FIRST APPLICATION (place an "X" below and provide the appropriate date) [X] 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) TORNEW FACILITY (Complete item below FACILITY)					ACILITI														
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В.	REV	1	D APPLICATION () ACILITY HAS INTER			d com	plete	2 110	em I	abou	e)			2. F	ACILIT	YHASA	RCRA	PERM	ALT.
III.	PR	OCE	SSES – CODES AN	D DES	SIGN CAPAC	ITIE								77					
Α.	PRO	CESS ring c	S CODE — Enter the co odes. If more lines are the process (including it	de fron	the list of pro	cess co	odes the	spa	ce p	rovid	ied. I	f a proces	s will be used						
	1. A 2. L	MOU	DESIGN CAPACITY UNT — Enter the amou OF MEASURE — For re used. Only the units	nt. each an	ount entered in	n colu	mn l	B(1), en	ter th	ne coc			neasure c	odes bel	low that de	escribe	s the i	unit of
			PROCESS	PRO- CESS CODE	APPROPRIA MEASURE I DESIGN	FORF	RO	CES				PF	ROCESS		PRO- CESS CODE	MEASL		OR PF	ROCESS
C	ANK	AINE	ER (barrel, drum, etc.) _E	501 502 503	GALLONS OF GALLONS OF CUBIC YARD	RLIT	ERS				TAN		POUNDMEN	т	T01	GALLON LITERS GALLON	PER D	RDAY	
SI	JRF	ACE	IMPOUNDMENT	504	GALLONS O		ERS				INCINERATOR T03 TONS PER HOUR OR METRIC TONS PER HOUR.								
11			WELL	D79 D80	GALLONS OF ACRE-FEET would cover of depth of one p	(the ve	olum e to	ie t	hat		OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks,								
0	CEA	N DI	LICATION SPOSAL IMPOUNDMENT	D81 D82	ACRES OR H GALLONS PE LITERS PER	ETER ECTA ER DA DAY	RES Y O	R			atori	. Describ	ndments or in se the processe sided; Item II.	s in					
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Continued from page 2. NOTE: Photocopy this page before completing if you e more than 26 wastes to list. Form Approved OMB No. 158-S80004 EPA I.D. NUMBER (enter from page 1) FOR OFFICIAL USE ONL. WRID W DUP 2 DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter A EPA HAZARD. WASTENO D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE NO. R. PROCESS CODES 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) (enter code) code) 27 - 29 27 - 29 27 - 29 27 - 29 24 2 3 9 P S 0 1 150,000 Xylen D 0 0 1 150,000 P S 0 1 3 D 000 25,000 Included with above 4 P 5 3 0 0 P S 0 1 5 P 0 5 4 0 P S 0 1 6 P 1 0 5 0 P S 0 1 7 P 1 0 6 0 P S 0 1 8 UO 0 2 0 P S 0 1 U|0|0|3 S 0 1 0 P 10 0006 0 P S 0 1 11 0 1 2 U 0 P S 0 0 1 9 U 0 P S 0 1 U 0 2 0 0 P S 0 1 U 0 2 3 P 0 S 0 1 15 U 0 3 0 S 0 1 16 0 4 U 4 0 P S 0 1 U 0 5 2 0 P S 0 1 18 5 7 U 0 S 0 1 0 P 19 0 7 U 0 0 S 0 1 20 U 0 7 7 0 P S 0 1 UO 8 0 0 P S 0 1 22 U 1 8 0 0 S 0 1 23 U 1 2 2 0 P S 0 1 24 U 1 2 3 0 P S 0 1 25 3 1 3 0 P S 0 1 7 26 1 4 U 0 S 0 1

EPA Form 3510-3 (6-80)

Continued from page 2. NOTE: Filotocopy this page before completing if you e more than 26 wastes to list. Form Approved OMB No. 158-S80004 EPA I.D. NUMBER (enter from page 1) FOR OFFICIAL USE ONL 8 W W 2] DUP 6 5 DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C.UNIT OF MEA-SURE (enter code) A. EPA HAZARD. WASTENO D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE NON 1. PROCESS CODES 2. PROCESS DESCRIPTION (If a code is not entered in D(1)) 26 29 27 - 29 27 - 29 27 - 29 U 1 6 2 0 0 1 28 U 1 8 0 S 0 1 29 U 1 8 8 0 S 0 1 30 U 1 9 6 S 0 1 0 31 U 2 1 3 0 S 0 1 U 2 2 0 0 P S 0 1 33 U 2 2 7 0 S 0 1 34 U 2 2 8 0 P S 0 1 35 P 0 6 9 0 P S 0 0 0 3 36 P 0 P S 0 1 5 P 0 0 0 P S 0 1 38 P 0 3 7 0 P S 0 1 39 P 0 0 9 0 S 0 1 40 P 0 1 0 0 S 0 1 P 0 0 8 41 S 0 1 0 TI 1119 42 P 0 P S 0 1 P 0 1 2 43 P 0 S 0 1 P 0 1 S 0 1 44 6 0 P 45 P 0 1 8 0 P S 0 1

0 EPA Form 3510-3 (6-80)

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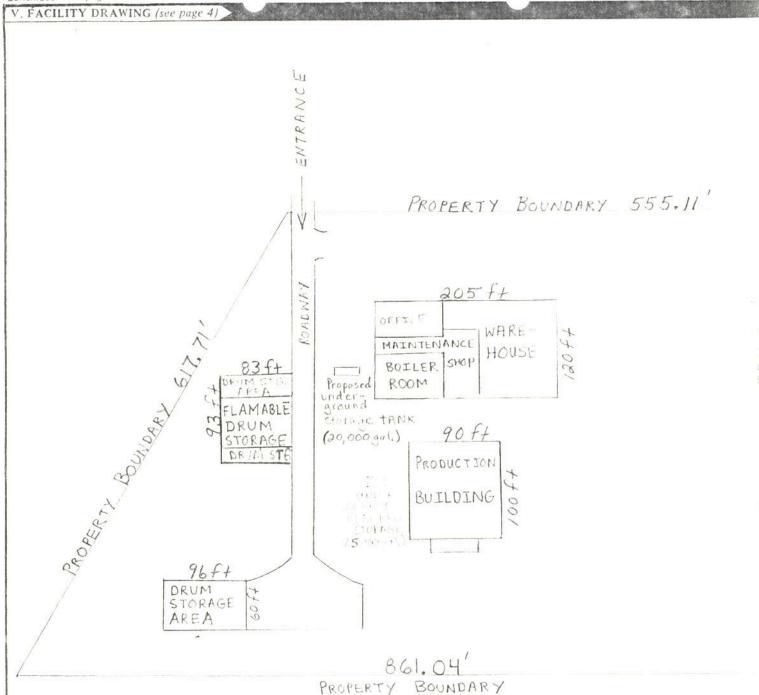
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V. FACILITY DRAWING		一种发展,这种特别的
All existing facilities must include in the space provided on p	age 5 a scale drawing of the facility (see instructions for more	e detail).
VI. PHOTOGRAPHS		2000 A 1000 A
All existing facilities must include photographs (april	d or ground-level) that clearly delineate all existing s	tructures; existing storage,
treatment and disnoval areas, and sites of future store	ige, treatment or disposal areas (see instructions for n	nore detail).
With world		
VII. FACILITY GEOGRAPHIC LOCATION		
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VIII. FACILITY OWNER		
	sted in Section VIII on Form 1, "General Information", plac	e an "X" in the box to the left and
skip to Section IX below.	sted in Section VIII on Form 1, General Information 1 page	
B. If the facility owner is not the facility operator as li-	sted in Section VIII on Form 1, complete the following item	\$:
		2. PHONE NO. (area code & no.)
1. NAME OF FACIL	ITY'S LEGAL OWNER	2. PHONE NO. Tares cons. W.
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IX. OWNER CERTIFICATION		
I certify under penalty of law that I have personally	examined and am familiar with the information subm	itted in this and all attached
programments and that based on my inquiry of those in	idividuals immediately responsible for obtaining the ii	formation, I believe that the
ubmitted information is true, accurate, and complete	e. I am aware that there are significant penalties for s	ubmitting false information,
including the possibility of fine and imprisonment.		
a Name (print or tops)	B SIGNATURE	C. DATE SIGNED
A. NAME (print or type)	B. SIGNATURE	C DATE SIGNED
Sheldon L. Green	B. SIGNATURE	C. DATE SIGNED
Sheldon L. Green Vice President, Manufacturing		C. DATE SIGNED 1/23/3/
Sheldon L. Green		1/23/3/
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EPA Form 3510-3 (6-80)



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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT 75 Davis Street Providence, R. I. 02908

ROMA RECORDS CENTER FACILITY OLIN HUNT SPECIAL I.D. NO. RID 095976549 FILE LOC. /A OTHER NEW

9 April 1984

Mr. Frank Battaglia Permits Branch Environmental Protection Agency John F. Kennedy Federal Building Boston, MA 02203

Dear Frank:

I recently had correspondence with Philip A. Hunt Chemical Corporation.

They indicated that some changes should be made to the HWDMS for their three companies in Rhode Island.

Please make the changes indicated on the enclosed sheet.

Sincerely,

Stephen Majkut, Senior Engineer

Division of Air & Hazardous

Materials

S.M.

jad

enc.



PHILIP A. HUNT CHEMICAL CORPORATION ORGANIC CHEMICAL DIVISION

May 29, 1984

RECEIVED

MAY 3 1 1984

R. I. DEPT. OF ENVIRONMENTAL MANAGEMENT Division of Al. 2 Hozzadous Materiols

R. I. Department of Environmental Management
Room 204 - Cannon Building
75 Davis Street
Providence, RI 02905

Att: Steve Majkut

Dear Sir:

Per our recent telephone conversation regarding the current status of Philip A. Hunt Chemical's hazardous waste management program, may this letter serve to clarify our current operations.

The following list indicates the correct address, EPA ID number and activities occurring at each facility:

Address	EPA ID No.	Generator	Transporter
200 Massasoit Avenue East Providence, RI 02914	RI DO75728030	Х	
l Industrial Circle Lincoln, RI 02865	RI D001202589	Х	
1 Wellington Road Lincoln, RI 02865	RI D095976544	x	X.

Please do not hesitate to call if you require any further information regarding Hunt's hazardous waste management program.

Sincerely,

Alan R. Brodd, P.E.

Environmental/Safety Engineer

ARB/mlc

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	š			DATE
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	8 NON-REGULATED (TRANSPORTER ONLY) 9 OTHER	<u> </u> 8 		
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EPA Form 3510-3 (6-80)

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IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) Sheldon L. Green Vice President, Manufacturing X. OPERATOR CERTIFICATION	individuals immediately responsible for obtete. I am aware that there are significant per	aining the information, I believe that the
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A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
EPA Form 3510-3 (6-80)	PAGE 4 OF 5	CONTINUE ON PAG



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION I

J.F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

Philip A. Hunt Chem Corp.

1 Wellington Rd.

Lincoln, RI

Re: RID 095976544

Dear Hazardous Waste Permit Applicant:

The Environmental Protection Agency (EPA) has received an application for a Federal hazardous waste permit for the facility referenced above by its EPA identification number. The Agency has reviewed the application and found that the information items marked below are missing. These items must be completed and the application returned to this office by which 30 days in order for the Agency to determine whether the owner or operator of the facility qualifies for interim status.

Because we received a large number of permit applications, we were able to conduct only a preliminary review of this application and will conduct a more detailed review at a later date. If we find additional items are missing we will contact you again at that time.

THE FOLLOWING	MISSING ITEMS MUST BE COMPLETED:	:
Form 1	Item XIIIB Signature	a a a
Form 3	Item IIAI Date Operation Began or	r
\	Construction Commenced	RCRA RECORDS CENTER
Form 3	Item IXB Owner's Signature	FACILITY OLIN HONT SPLO I.D. NO. RID 0959 715544 FILE LOC. R - 1A
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Received: 1/15/81

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C. RCRA (Hazardous Wastes) E. OTHER (specify) Boiler permit MAP Itach to this application a topographic map of the area extending to at least one mile beyond property bounderles. The map must show a outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste satment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface attended in the map area. See instructions for precise requirements. NATURE OF BUSINESS (provide a brief description) We manufacture fine organic chemicals used as intermediates at our other Hunt plants, and we also sell directly to private customers. I. CERTIFICATION (see instructions) certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all trachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the population, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting size information, including the possibility of fine and imprisonment. NAME a OFFICIAL TYTLE (type or print) Pheldon L. Green, V. P., Mfg. MMENTS FOR OFFICIAL USE ONLY				(specify) Boi	ler permit
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X. DESCRIPTION OF H	AZARDOUS WAST	ES (continued from)	front)			
A. HAZARDOUS WASTES F waste from non-specific s				40 CFR Part 261.31	for each listed hazardous	S
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Robert Matte, Chief Engineer

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SEPA	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the
INSTALLA- TION'S EPA I.D. NO.	A STATE OF THE STA	information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
I. STALLATION	SERVICES Chief the four-dop or mar from 40 CER Ford 263,33 for user in Senting this ordinates, then a disposessing	complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted
INSTALLA-		label, complete all items. "Installation" means a single site where hazardous waste is generated,
II. MAILING	PLEASE PLACE LABEL IN THIS SPACE	treated, stored and/or disposed of, or a trans- porter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-
LOCATION IIL OF INSTAL- LATION	25. Since the four-digit normal trace 40 CFB Part 261, 32 for each interior. Use additional sheets if nocusery.	CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
FOR OFFICIAL	USE ONLY	
С	COMMENTS	1 2 2
C 15 16	DATE RECEIVED	Jul 11 3 03 PM '80°
INSTALLATI	ION'S EPA I.D. NUMBER APPROVED (yr., mo., & day)	OUL IT O OSTITION
F K 1009	5 9 7 6 5 4 9 3 1	CONTRACTOR OF THE PROPERTY OF
I. NAME OF INS		RATION
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II. INSTALLATI	ON MAILING ADDRESS STREET OR P.O. BOX	Manual Parketon and Control of the C
		The state of the s
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clili	CITY OR TOWN ST.	2865
4 L I N C O	40 41 42 47	
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51 WEL		TO LISTED INFECTIOUS WASTES. Egient 45
15 16	CITY OR TOWN and Trate ruth Isocarribbs and Lagoribana (ST.) at	ZIP CODE had been case and leaders and leaders
15 16	D L N R I O	
IV. INSTALLA	NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 P O Z N E	R STEVE ENVIRONMENTAL E	G R 4 0 1 - 3 3 3 - 6 1 1 4
V. OWNERSHI		45 46 - 45
4. OWIVERSHI	A. NAME OF INSTALLATION'S LEGAL OWNER	THE PROPERTY OF THE PROPERTY O
8TURNE	ERNEWELL	55
- I S I SA STENDED OF STREET	F OWNERSHIP DO VI. TYPE OF HAZARDOUS WASTE ACTIVIT	Y (enter "X" in the appropriate box(es))
F = FEDER	X A. GENERATION	B. TRANSPORTATION (complete item VII)
M = NON-F	EDERAL X C. TREAT/STORE/DISPOSE	D. UNDERGROUND INJECTION
VII. MODE OF	TRANSPORTATION (transporters only - enter "X" in the appropr	
A. AIR	B. RAIL C. HIGHWAY D. WATER E. O	THER (specify):
VIII. FIRST O	R SUBSEQUENT NOTIFICATION appropriate box to indicate whether this is your installation's first notification appropriate box to indicate whether this is your installation's first notification appropriate box to indicate whether this is your installation's FPA LD. Number in the space provi	of hazardous waste activity or a subsequent notification.
Mark "X" in the	appropriate box to indicate whether this is your installation's first notification r first notification, enter your Installation's EPA I.D. Number in the space provi	
		C. INSTALLATION'S EPA I.D. NO.
	ST NOTIFICATION B. SUBSEQUENT NOTIFICATION (comple	te item C) R I D 09 59 76 5 44
IX. DESCRIPT	TION OF HAZARDOUS WASTES	A STATE OF THE STA
Please go to the r	reverse of this form and provide the requested information.	CONTINUE ON REVERSE

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TARROLLO WASTES F	TOM NON SPECIFIC	ES (continued from fr	our-digit number from	40 CFR Part 261.31 for 6	each listed hazardous
ZARDOUS WASTES FI ste from non—specific so	ources your installation	handles. Use additional	sheets if necessary.		
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ZARDOUS WASTES F	ROM SPECIFIC SOUP	CES. Enter the four-di	git number from 40 CFF	R Part 261.32 for each lis	ted nazardous waste in
cific industrial sources y	The second secon	s. Use additional sheets	16	17	18
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23 - 26	23 - 26	21	23 - 26	23 - 26	24
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MATERIAL CHEMIC	AL PRODUCT HAZAF	DOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.33	3 for each chemical sub
nce your installation ha	ndles which may be a	hazardous waste. Use ad	ditional sheets if necessa	iry.	
31	32	33	34	35	36
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spitals, medical and res	earch laboratories you	installation handles. Us	e additional sheets if ne	cessary.	
49	50	51	52	53	54
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ARACTERISTICS OF	NON-LISTED HAZA	RDOUS WASTES. Mar	k "X" in the boxes corre	esponding to the characte	eristics of non-listed
zardous wastes your in	staliation handles. (See	40 CFR Parts 261.21 -			П
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stance	your installation	handles which may be a har	zardous waste. Use additi	onal sheets if necessar	Million are also are the same	11/3/2		1 5 1 1
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LICT	ED INSECTIOUS	WASTES. Enter the four-	digit number from 40 CF	R Part 261.34 for eac	h listed hazardous	waste from	hospitals, ve	terinary
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DATE SIGNED

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IX. DESCRIPTION OF H	IAZARDOUS WAST	ES (continued from	front)						
A. HAZARDOUS WASTES F waste from non—specific s	ROM NON-SPECIFIC Sources your installation	SOURCES. Enter the handles. Use additional	four—digit number from al sheets if necessary.	40 CFR Part 261.31 fo	or each listed hazardous				
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stance your installation ha	ndles which may be a h	azardous waste. Use ad	ditional sheets if necessar	rom 40 CFR Part 261	33 for each chemical sub-				
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X. CERTIFICATION						A			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all									
attached documents, and	d that based on my	inquiry of those ind	ividuals immediately	responsible for obta	ining the information	1. 16			
I believe that the submit mitting false information	tted information is a	true, accurate, and co	omplete. I am aware	that there are signif.	icant penalties for sub	- I			
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